

ADRIAN McCray

PLEASE COMPLETE THE APPROPRIATE SECTION

* MAY RETURN

THE EMPLOYEE MAY RETURN TO WORK WITHOUT RESTRICTIONS AS OF

* MAY RETURN WITH RESTRICTIONS

THE EMPLOYEE MAY RETURN WITH RESTRICTIONS:

RESTRICTIONS ARE AS FOLLOWS: CANNOT

USE HAND BUT MAY DO ONE-HANDED JOB

SIT AND/OR STAND ALL DAY; BUT MAY DO 60 % SIT, 40 % STAND

WALK

CLIMB STAIRS

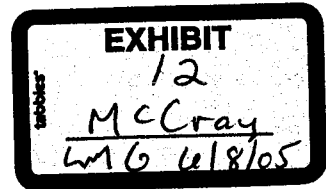
CLIMB LADDERS

OPERATE ELECTRICAL EQUIPMENT/MACHINERY

OPERATE VEHICLE

LIFT: MAY LIFT ONLY AMOUNT LBS.

OTHER:

Intractable Plantar Keratoma
until surgery
LF

HOW LONG SHOULD THESE RESTRICTIONS BE IN EFFECT: 1/23/03 DATE OF RE-EVALUATION:

FURTHER NEEDS, IF ANY, INCLUDING RECOMMENDATIONS FOR CARE BY THE OCCUPATIONAL HEALTH NURSE:

* MAY NOT RETURN

MAY NOT RETURN TO WORK UNTIL: (DATE)

DIAGNOSIS:

DATE OF RE-EVALUATION:

SIGNATURE

F. J. G. [Signature]

TELEPHONE

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ADDRESS

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